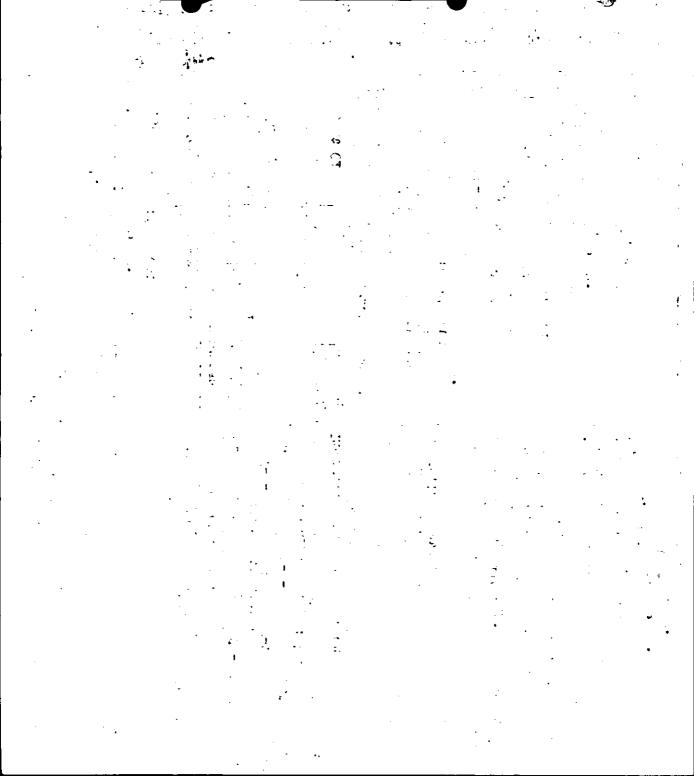
MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH 26177County St. Francois Registration District No...... Primary Registration District No. 6018A Township St. Francois Registered No..... Near Civ. Farmington, Mo. Effie Bates (a) Residence, No.....(Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? mos. VIG. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 1934 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Single White Female I HEREBY CERTIFY, That I attended deceased from 1934 to 7-7 **5A. IF MARRIED, WIDOWED, OR DIVORCED** HUSBAND OF I last saw h ST alive on 7-6- ,1934. Death is said (OR) WIFE OF to have occurred on the date stated above, a3:55 A m 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown INK---THIS The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day,hrs. Nephritis with Hypertension and About 61 ormin. Cardiac Fàilure 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... School Teacher **OCCUPATION** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...... should be carefully is, so that it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: year)..... occupation. Generalized 'Arteriosclerosis Pulaski County Mo. 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) FATHER Unknovn 82 13. NAME None What test confirmed diagnosis Clin&Lab. Was there an autopsy? No Unknown information sl 14. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER Unknown 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) Unknown BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. Hospital Records (ADDRESS) Farmington. Mo. Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injuly in any way related to occupation of deceased?.. If so, specify 19. UNDERTAKER (ADDRESS)



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

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Door	91	*	٠
Dear	~ ~	Τ.	

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Effe Bates		
Who died at	on July 7- 1934	
	_St	
	(If nonresident, city or town)	
Length of residence in city or		
town where death occurred: Years	MonthsDays	
SexColor or raceSingle	, married, widowed or divorced:	
Date of birthAge:	Years 6 / Months Days	
bate of bittin		
Occupation: (a) Trade, profession, or	(b) Industry or business in which	
particular kind of work done, as, spinner,		
sawyer, bookkeeper, etc.	saw mill, bank, etc.	
	•.	
	•	
Date deceased last worked at this occupati	on: Month Year Year	
Birthplace (State or country)	The same of the sa	
Birthplace of father (State or country) Birthplace of mother (State or country)		
Birthplace of mother (State or country)	ephretis with hypertensin	
Principal cause of death: and Candle Other contributory causes of importance Name of operation	lae failure	
Larone Ulphritis - Chronice	wind and the Carter of the Country of	
Generalized Geteriore	lerakes	
Other contributory causes of importance		
Name of operationDate	Was there an autonsy?	
If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?		
where did injury occur?	bate or injury, ro	
/ // // // // // // // // // // // // /	y city or town, county and State)	
(5)	, o20, o2 00, o20, o20, o20, o20, o20, o	
Specify whether injury occurred in industr	ry, in home, or in <u>public place</u> .	
Manner of injury		
Nature of injury		
Was disease or injury in any way related	to occupation of deceased?	
If so, specify	<u> </u>	
Name of physician	<u></u>	
Address of physician		
YSignature of Registrary	Date filed Dept 10-3	
This information is sought for statis	stical purposes only and in order that the	
official report may be complete and correct		
closed official envelope which requires n	o postage.	

Reg. Dist. No. 773

Primary Reg. Dist. No. 60/8

Very truly yours,

Special Agent.

LLMC

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